

|                             |                         |              |                           |                                    |
|-----------------------------|-------------------------|--------------|---------------------------|------------------------------------|
| SERIAL NUMBER<br>09/153,810 | FILING DATE<br>09/15/98 | CLASS<br>379 | GROUP ART<br>2742<br>2664 | ATTORNEY DOCKET NO.<br>085710.P036 |
|-----------------------------|-------------------------|--------------|---------------------------|------------------------------------|

APPLICANT

JEREMIAH JEFFRESS, ORINDA, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 09/30/98

|   |  |  |                         |                       |                            |
|---|--|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CA                | SHEETS<br>DRAWING<br>25 | TOTAL<br>CLAIMS<br>10 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and Acknowledged                                   |  | Examiner's Initials _____ Initials _____ |                         |                       |                            |

|         |  |
|---------|--|
| ADDRESS | BLAKELEY SOKOLOFF TAYLOR & ZAFMAN<br>7TH FLOOR<br>12400 WILSHIRE BOULEVARD<br>LOS ANGELES CA 90025 |
|---------|--|

|       |   |
|-------|---|
| TITLE | METHOD AND APPARATUS FOR AUTOMATICALLY DETERMINING A PEAK VOLTAGE<br>LEVEL FOR A DATA SIGNAL PROPAGATED ON A CARRIER MEDIUM |
|-------|---|

|                                       |   |  |
|---------------------------------------|---|--|
| FILING FEE<br>RECEIVED<br><br>\$1,002 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing; Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|---------------------------------------|---|--|